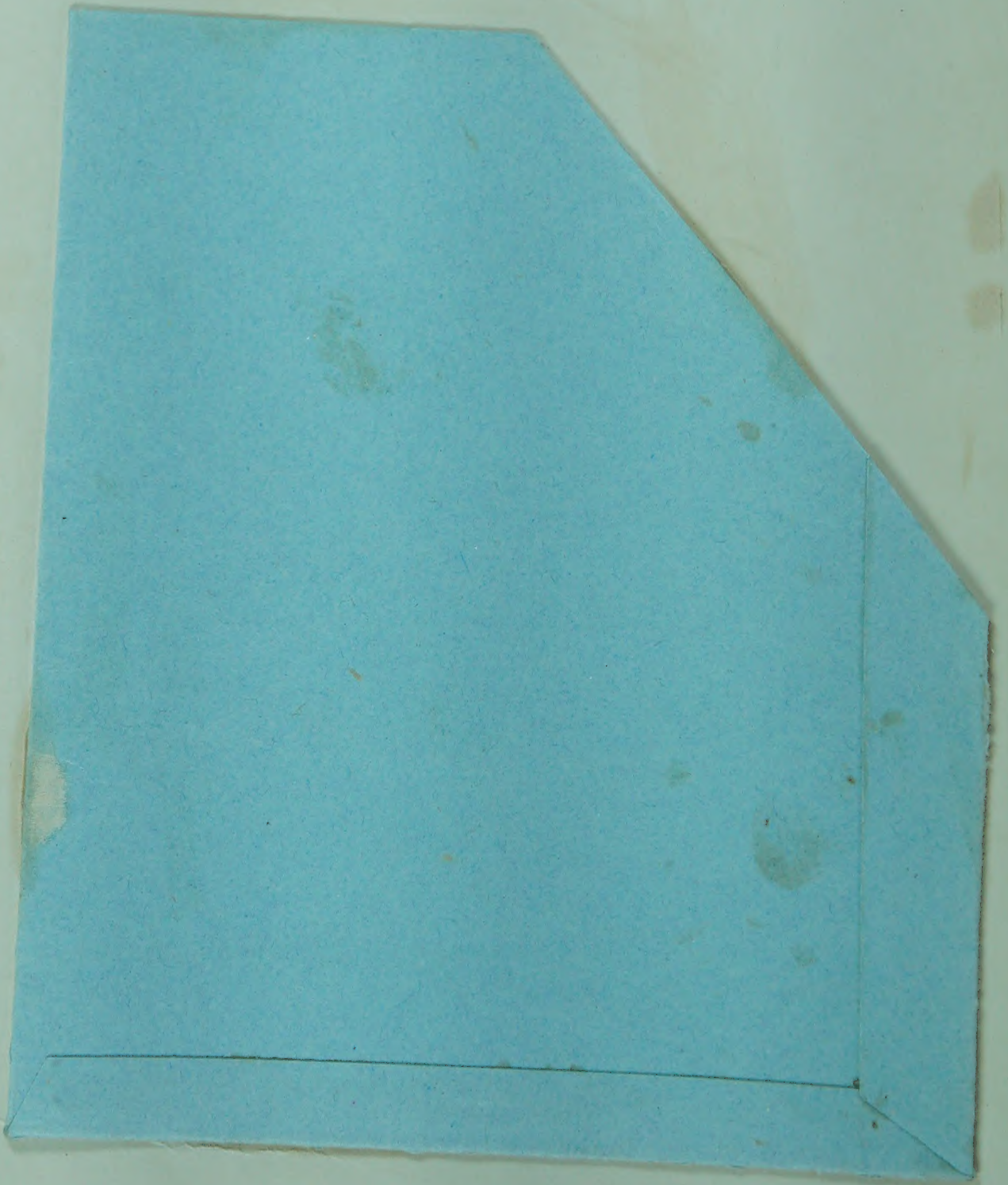


# MARKETING HEALTH

## THE MULTINATIONAL WAY



2061





# COMMUNITY HEALTH CELL

47/1 St. Mark's Road, Bangalore - 560 001

THIS BOOK MUST BE

15/10/94

Drug Action Forum - Karnataka



**MARKETING HEALTH**  
**The Multinational Way**

Dr. Vanaja Ramprasad  
Dr. Gopal Dabade

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# FOREWORD

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This booklet entitled *Marketing Health - The Multinational Way* is a worthwhile and laudable attempt to keep all citizens better informed about the marketing of inappropriate and unessential drugs. Some concerned citizens in various parts of India have formed groups to be vigilant about this. The Drug Action Forum in Karnataka (DAFK) is such a forum. This booklet is being brought out by them.

The activities of drug companies in India need to be scrutinised much more than at present, mainly because they are very much controlled by the Multinationals. This has been highlighted in various international meetings such as the UNCTAD at Colombo and the United Nations itself. They have gone to the extent of charging the developed nations with perpetuating 'Drug Colonialism' in the so-called third World. "Mahler, the Director General of WHO, has even cautioned the governments in the developing nations about the attempts of the multinational drug corporations to market irrational drug formulations which are often discontinued in their parent countries." (N.I. Joseph : 'Multinationals in the Drug Industry' in *Social Scientist*, p. 78).

Estes Kefauver in his book *In a Few Hands* had no hesitation in severely criticising the giant drug companies like Pfizer, Cynamid and Smith Kline and French Ltd. (SKF) for their malpractices and exploitative activities.

The Hathi Committee after some studies concluded that the foreign companies have established a vice-like hold in India through their affiliates in India. The total turnover of more than 2800 pharmaceutical houses in India 'both Foreign and Indian is Rs.700 crores (Ref : *Myth & Reality of Drug-Industry* by the Standing Committee of the National Convention on Economic Independence and Perspective of Drug Industry, New Delhi).

It is also to be realised that the testing of new products on human populations is governed by the Helsinki Declaration. This was published by the World Medical Association in 1964 ; and this took over from the Nuremberg Code which was developed at the



end of World War II. All these require voluntary informed consent from the human subject. When medicines are tested in the Third World countries, it is surmised that it is more difficult to be absolutely sure of the level of informed consent given by the subjects.

These and many other aspects made the Hathi Committee suggest that the Drug Industry should be nationalised. But this by itself will be insufficient to solve the unethical practices of the powerful multinationals. A concerted effort to educate the public (the consumer), is the crying need.

This booklet is an attempt at initiating such a process.

**V.BENJAMIN**

Professor of Community Health (Retd)  
Christan Medical College, Vellore.  
President, Drug Action Forum-Karnataka





# INTRODUCTION

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The staggering poverty statistics and prevalence of diseases and malnutrition are a sad commentary on the development pace of the third world countries. More than 800 million people in the developing world live in conditions of squalor, abject poverty deprived of basic nutrition.

In India one-third of total deaths among children are below the age of five years. Infant mortality rate is still hovering around 100 per thousand live births. The prevalence of malnutrition particularly the first degree and second degree continue to be exceptionally high and is only the tip of the iceberg.

Communicable and other preventable diseases have still to be brought under control. Lack of safe drinking water, the inhuman conditions of living present in the urban slums, poverty and ignorance are still posing a challenge to the administrators.

The distribution pattern of the sophisticated medical services are skewed and all concentrate in the urban areas. India spends a very small percent of GNP for its health care. Although drugs constitute essential tools for medical service, it is disturbing to note that the focus of the pharmaceutical industries has been directed towards industrial and trade development. As a result the industry has pushed up production and promotion of non-essential drugs and nutritive supplements. A host of pharmaceutical products are produced and promoted with the claim of correcting situations which actually arise out of undernutrition and poverty and thus the market is flooded with costly pre digested protein foods, anabolic steroids, iron, glycerophosphates, calcium, vitamins, appetite stimulants, enzymes and now ayurvedic products. The layman, guided by the doctor's advice and the promotional literature put out by the pharmaceuticals, is the consumer of all such products.

1b  
Intro

Educating the consumer is one of the main objectives of the Drug Action Forum Karnataka. The monograph on unessential drugs like vitamins and tonics is intended to draw attention to the use/misuse of all products under this category. There are two



reasons for this. All the products included in this category flood the market and it is only the poor who need good nourishment but in a different form for they can ill afford this. Secondly in the case of those who can afford it, very often it amounts to misuse.

Chapter 1 gives "an overview" of the drug situation in the country.

The drug policy and production is contained within a certain frame of political economy that controls the market. Chapter 2 highlights the main issue of patenting of the drug and its impact on the Third World.

In chapter 3 actual examples of the promotional literature are carefully chosen to analyse the tall claims. Little known facts of marketing techniques are discussed and highlighted.

Talking of unessential drugs, it is only one of the many issues that need to be highlighted. What are these other concerns? The freely available banned and bannable drugs; The problem of hazardous drugs; the irrational formulations such as cough syrups ; and the multivarious pain killers. This is highlighted in chapter 4.

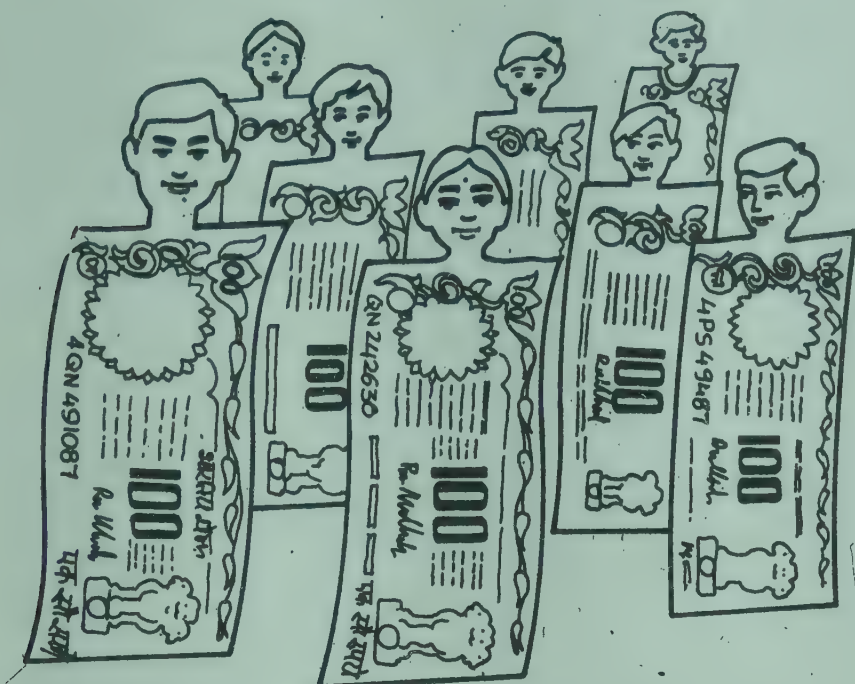
How can we make the best use of this book ? The lay person has many questions that need to be answered. While planning this monograph and discussing it with many interested persons we were asked if we were not producing more quacks by making available information to the common man ? Why isn't the government banning the unessential drugs ? Don't Doctors know about all this ? Don't we need vitamin supplements to combat malnutrition ?.

The last chapter gives a view point answering some of these questions on vitamins, tonics, nutritive supplements and Ayurvedic tonics. We acknowledge the support given to us by the members of the forum.



# DRUG SITUATION IN INDIA - AN OVERVIEW

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Since India's independence in 1947, the drug industry has grown considerably. UNIDO has acknowledged that the Indian drug industry is capable of self-sustenance. These achievements are no doubt phenomenal. But let us take a closer look as to how much it has mattered to the Indian people's health. In our country every year 40,000 children become blind because of Vitamin-A deficiency, which is preventable and yet we do not produce adequate Vitamin-A. We do not produce adequate drugs for T.B, Malaria, anemia and leprosy which is our need. There is no doubt that the production of unessential drugs is extremely profitable resulting in a lopsided irrational drug situation. Seeing this situation, Haathi Committee was set up in the year 1975 to look into the drug industry and give recommendations. Justice Jaisukhalal Haathi, who headed the committee had some well considered recommendations to make.<sup>1</sup>

Some of them are -

1. Brand names should be abolished and generic names for drugs to be introduced.

---

<sup>1</sup> Dr. Iqbal - A Decade after Hathi Committee published by KSSP.



2. Journals to be published to keep medical profession well-informed about drugs and to popularise generic names.

3. Effective quality control of drugs.

4. Irrational drug combinations to be eliminated.

5. Indian National Formulary to be up dated.

6. The 117 essential medicines identified by the committee to be made available at fair and reasonable price to the consumer.

7. The ICMR to concentrate its attention on discovery of newer drugs for tropical diseases.

8. Multinational pharmaceutical companies to be nationalised. Ironically today the recommendations of the Haathi Committee have virtually been forgotten in India though the same Haathi Committee report was taken up by Bangladesh and implemented in 1982. Even today Bangladesh continues to have a successful rational drug policy with very few setbacks.

WHO has drawn a list of 250 essential drugs, which would meet the major needs of most illnesses in a community any where in the world. Haathi Committee had recommended a list of 117 essential drugs for our country.

Today the Indian drug industry produces about 75,000 formulations most of which are unessential or hazardous and have been banned in several other countries. Tonics and enzymes are not essential and form a large bulk of the production. Hazardous drugs banned or restricted for use in several other countries continue to be sold in the market. For example, Analgin which is banned in USA and known to produce a fatal life-threatening blood disorder is very easily available in our country. Another much commonly misused pain-killer is phenylbutazone. The list of such hazardous drugs is of serious concern. (for further reading refer AIDAN's - Banned and Bannable drugs)

The concept of generic names has been completely forgotten in our country, though this was a major recommendation of Haathi Committee. There is a distinct advantage both for patients and doctors if generic names are used. But drug companies insist on brand names, because it is profitable to market in brand names!



India's Drug Policy is framed by Ministry of Petroleum and Chemicals and the Health Ministry has little to do with it. Isn't this unfortunate? Again our Drug Policy is more a pricing policy and does not look into other issues like banning of hazardous drugs, quality control and drug distribution, which are all important for rational drug use.

Last but not the least, now the drug companies have jumped into production of Ayurvedic drugs and other non-allopathic drug production which are not regulated at all and the drug companies have a free hand to make more profit. This is a dangerous trend indeed.

The question is "should the drug industry be people-oriented or profit-oriented?"



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DRUGS

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# POLITICAL ECONOMY OF DRUG PRODUCTION AND DISTRIBUTION

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At the simplest level political economy of drug production and distribution examines the social organisation of the production, exchange, distribution and consumption of medicines. Research and development of drugs are initiated at the international level to capture markets of the Third World. It has deluged the health care system with drugs, equipments and technology and projected growth and profits. Many developing countries spend a high proportion of their health budget on drugs. Majority of their populations have limited access to those drugs that are essential. This is because the country does not produce the kind of drugs that are needed but on the other hand continues to be flooded by a large number of costly and wasteful drugs meant for minor illnesses of the rich and well to do. This brings us to the question - for whose needs are drugs produced?

## TURNING THE SCREWS

*"THE UNITED STATES estimates that it suffers an annual loss of \$ 50 billion from patent violations across the world. This is no small amount for a country running an annual trade deficit of \$ 150 billion. So it is not surprising that the US has been working on a worldwide agreement that would give more protection to US products. Senior US officials are currently in India to try to convince the Government to agree to a more rigorous protection of "intellectual property". The violation of US patents is not very significant in India; the phenomenon is more common in East Asia and Latin America. But India is one of the developing countries that until recently has been in the forefront of opposition to the international convention on patents. Cont ..*

The total output of the industry increased hundred fold from Rs. 100 million in 1947 to Rs.10,500/- million in 78-79.<sup>2</sup> The skewed pattern of drug production is in keeping with the inequitious social

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2 Delhi Science Forum. "Drug Industry and the Indian People".



structure. It has been observed that out of a total production of Rs. 700/- crores in the mid seventies 25% was taken away by vitamins, Tonics, health restoratives and enzyme digestives. Only 20 percent was covered by antibiotics and a meagre 1.4 per cent by anti-tuberculosis drugs.

The basic causes for this are the inexorable laws and tendencies of a capitalist economy. The Pharmaceutical industry in India has been dominated by the giant foreign companies. Since most of the research in Pharmaceuticals is done by giant multinationals and since pharmaceutical industry is protected by patent laws, 90 percent of patents in the industry are also held by these foreign controlled companies. Charles Medawar of Health Action International points out the significance of the multinational

*The issue is a difficult one to resolve. The considerable expenditure that goes into research and development requires that the inventor of a product or process should be given some protection so that he can earn a reasonable return. However, such protection invariably also leads to a higher price, which, especially in an area means a conflict between private gain and public interest. The issue is even more complicated in developing countries whose past experience has been that less than 5 percent of patents granted to foreign companies have been exploited for domestic production. Clearly, patents here are used to pre-empt domestic production, the patentee preferring to meet demand through imports. Cont...*

domination. Even back in 1980 "World sales of each of the 15 largest companies (between US \$1 and 2.3 billion) exceeded the gross national product of many Third World countries". With such a high level of corporate concentration, it comes as no surprise that the Third World is supplied mainly western drugs. The best selling of them are vitamins, tonics, cough syrups, and oral contraceptives.

Less than ten years after the preparation of an essential drug list by WHO which identified 200 preparations adequate to meet 90 % of the medical requirements of any country, the proliferation of drugs in the market reached new heights. It was estimated that for the 700 most important chemical compounds circulating in the worlds drug sector there are over 50,000 brand names averaging 70 different names per compound.

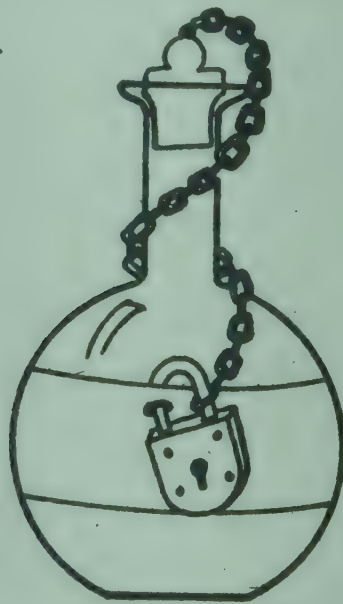
Pharmaceutical multinationals spend 13-15% of their turnover on research and development, compared to the 24% on



marketing. With small modifications, old formulations in new packaging are sold as revolutionary drugs. In India 52 multinationals spent 33% of their turnover on sales promotion. Impact of the sales force on the medical profession is so telling that a recent study in the UK showed that six out of ten British Physicians prescribe a product solely on the basis of a drug representative's recommendations.<sup>3</sup>

## *PATENTS AND MEDICAL ETHICS*

A patent is a right granted by a government to inventors to exclude others from imitating, manufacturing, using or selling a patented process or product for commercial use for a period of usually 17-20 years. Patents can have major impact on the health care system of the country. Patents can determine access to technology, prices, availability of alternative medicines in their generic name etc., A study done by UNIDO stressed that "The strongest point which permits



the domination of transnational pharmaceutical corporations is rooted in the patent and brand name system. As laid out in the Paris convention, patents on drugs grant the patent holders not only the monopoly over production but also exclusive rights to import the product.

In the Third World countries, product protection for drugs simply eliminates national opportunity to innovate economic alternatives.

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3 Charles Medhawar. Social Audit - Insult or Injury? An enquiry into the Marketing and advertising of British Food and Drug product.



*It is on this issue that developing countries have on the whole been opposed to the existing Paris Convention on patents. The convention was first signed in 1893, has been revised only six times since then, and, while supposedly according equality to all signatories, in actual practice discriminates heavily in favour of countries holding the most patents. It is not that the developing countries do not have any patent laws. These laws are however, less stringent than those of the US and Western Europe and encourage local production rather than imports.*

*Under US pressure, intellectual property (along with services) was put on the agenda of the Uruguay Round of trade discussions. In the meanwhile, however, the US has continued to force individual countries to provide stricter protection to foreign products and processes. Under the threat of trade retaliation, this has worked to some extent in East Asia. The pressure is now being put on India. The US strategy appears to be to make a new international agreement a more attainable proposition through pressure on individual countries. The terms of this new agreement will ultimately depend as much on a common Third World Platform as on the intensity of US pressure. (Deccan Herald, July 30, 1988.*

India after a great deal of tussle with the multinational Corporations, which own 85 percent of the patent registered in the world, enacted its patent law in 1970. The essence of the law is that it provides a solid and viable basis for Indian R and D to develop technologies for substituting the import of patented products and prevent their unhindered access to the Indian market.

This also explains the frantic lobbying by international drug firms to drag India into the Paris convention of patents. The implications of India joining the Paris convention which is over a hundred years old, agreed by powerful nations, is far reaching. When a poor patient pleads for survival and his disease can be cured by a life saving drug, it is diabolical to deny him that medicine on account of state policy which vests a patented monopoly for its manufacturer, says the human rights proponent.<sup>4</sup>

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4 V.Krishan Iyer. "Drug Policy and Right to Health " ,*The Times of India*, Nov 27, 1986.



# TALL CLAIMS - LITTLE-KNOWN FACTS

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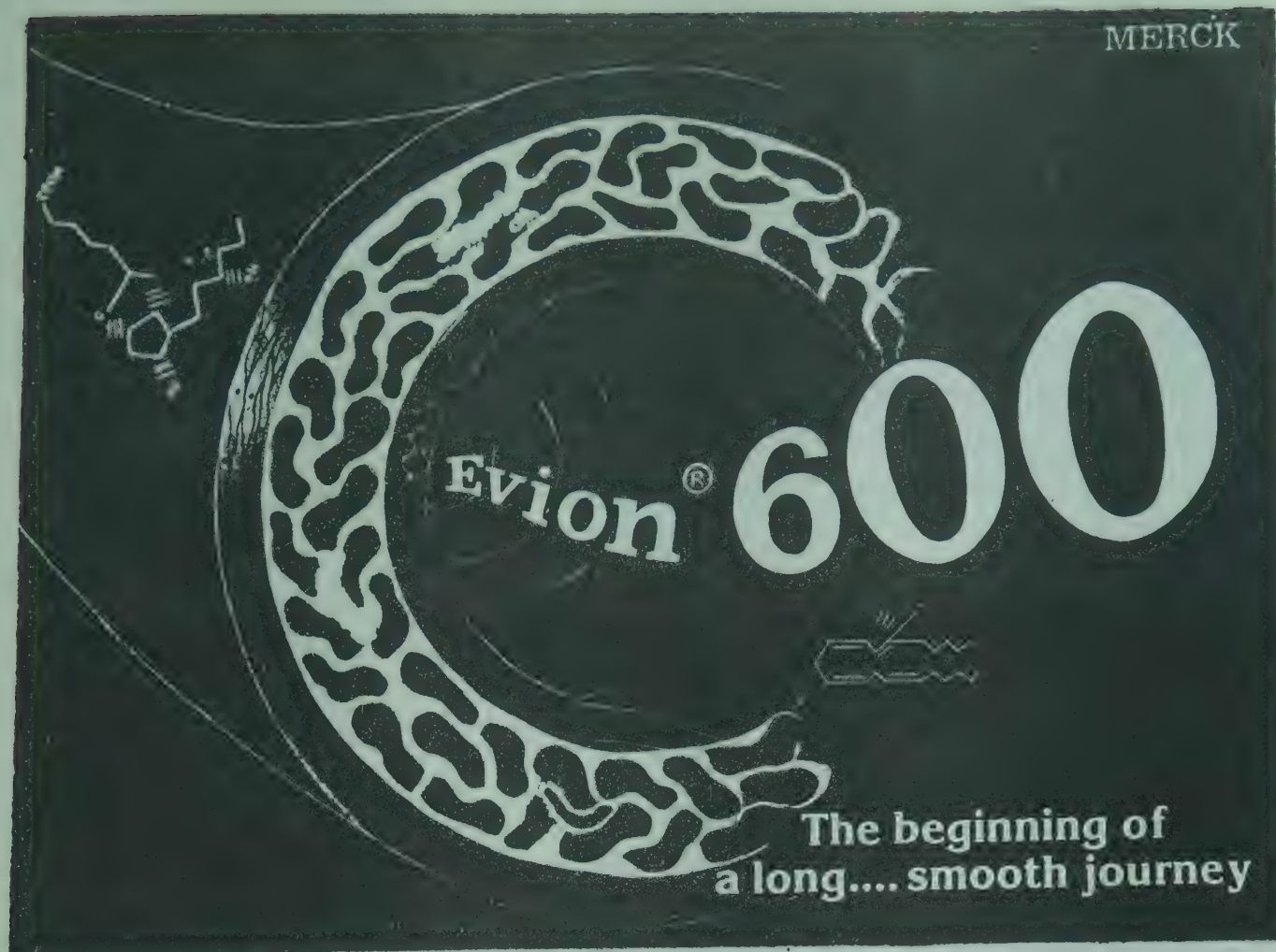
Some of the irrational practices in formulating and promoting products under the category of vitamins, minerals, tonics, enzymes, and appetite stimulants cause concern and raise the following questions:

- Is there is a uniformity in the dosages recommended?
- Is there an authority that lays down the criteria for dosages?
- How are these recommendations made? What are they based on?
- Is there a check on the quantities claimed to be present in the formulations?
- How true/scientific are the claims made in the promotional literature?
- Are the combinations of vitamins and minerals rational?
- Are there contraindications that are played down?
- How essential are these products?
- Can we market health through the proliferation of those products?

We have attempted looking for answers to these questions taking some illustrations. Many products that fall into this category do not have satisfactory answers. The list becomes an endless one. The economics of producing and consuming tonics has been analysed by Kamala S. Jaya Rao in her article 'Tonics - How Much an Economic Waste in *In Search of Diagnosis*.

The thrust here, is in erasing the aura around tonics and vitamins projected by marketing them. The examples cited are illustrative and not exclusive or exhaustive.





The pharmaceutical industry has a disproportionate influence on consumption through advertising and sales promotion (through medical representatives) and through confusing profusion of brand-name products. Doctors' prescriptions are rife with tonics. Unlike other commodities, the position of the pharmaceutical product is targeted towards the medical profession. Sophisticated methods of promoting products through the media, detail men and various gimmicks are practised. The study of human behaviour forms an important aspect of the strategies adopted by advertising firms in general and pharmaceutical firms in particular.

An excellent example of the preparation of sales force is the speech delivered by the marketing manager of Glaxo India Ltd while addressing medical representatives. This appears in the company's promotional booklet (Jan-Feb, 1978) and states : "That you have achieved this without the help of any major antibiotics is proof of your ability to generate prescription support. Doctors today are prescribing more and more Glaxo products due to your effective detailing from the folder. Modern teaching in consumer behaviour emphasizes the point that in the absence of strong reinforcement, brand shift takes place. Reinforcement must be



in the form of repeated stimuli. Please remember the primary stimulus is communication. Gifts and samples are only cues. Secondary stimuli will work only if the primary stimulus is strong; this means complete detailing from the folder."

J.S. Majumdar and Samir Kumar Das<sup>5</sup> report that an examination of the detailing folders, booklets, medical literature etc., from eleven major multinationals revealed the nature of the double standards of marketing and sales promotion adopted by Multi-National Corporations (MNCs) in their countries of origin and Third World countries. It was also observed that their own voluntary code of marketing practices were violated to achieve their targets.

Marketing experts say, "There must be continuous plumbing of deep-seated, even illogical but gradually changing social habits before marketing break through. Creating a new market means changing a way of life." Advertising is one of the main tools used to achieve such a change.

### *Unacceptable Standards of Advertising*

In respect of printed promotional material, the International Federation of Pharmaceutical Manufacturers Association's (IFPMA) code states, Scientific and technical information shall fully disclose the properties of pharmaceutical products as approved in the country in question, based on current scientific knowledge including :

- The active ingredients, using the approved names where such names exist.
- At least one approved indication for use together with dosage and method of use.
- A succinct statement of the side effects, precautions and contra-indications"

On close examination of the promotional literature, it could be alleged that journals and textbooks are misquoted or quoted out of context resulting in false and confused impressions.

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5 J.S.Majumdar & Samir Kumar Das, in 'Unfair practices in Marketing Adopted by Multinational Drug Firms in India' (Drug industry and the Indian people)



## EVION

Vitamin E. Acetate 1.P  
(L.- Tocopherol acetate I.P)

*In direct contrast, a well-reputed medical text, Goodman and Gilman's The Pharmacological Basis of Therapeutics states that the amount of Vitamin E and unsaturated fatty acids in the diet affect reproduction and that antioxidants incorporated into the diet can completely obviate the need for Vitamin E for normal growth and reproduction in the rat. Thus, the essential nature of Vitamin E in pregnancy is unclear on the basis of animal studies. "Vitamin E has been used in human beings for the treatment of recurrent abortion and for sterility. It has also been used in disorders of menstruation, vaginitis and menopausal symptoms. In spite of the early, enthusiastic usage of Vitamin E, there is no conclusive evidence that the vitamin is beneficial."*

*Goodman and Gilman*

of the utility of Vitamin E in the care of premature infants and children with malabsorption. Animal studies have shown myopathy and reproductive abnormalities in Vitamin E deficiency studies."

Goodman and Gilman<sup>6</sup> also say: "the lack of efficiency of Vitamin E in the treatment to those diseases that bear resemblance of Vitamin E deficiency in animals, like recurrent abortion, progressive muscular dystrophy and cardio-vascular diseases - have been discussed. These by no means are the only disorders in which Vitamin E therapy has been studied. The list extends from minor skin ailments to schizophrenia. With possible exception of its potential value in treating the anaemias associated with extreme protein calorie malnutrition or pre maturity, results with

— One example is E Merck's claims on Evion 600: "Vitamin E is located primarily in the membrane portion of the cell. A number of enzymatic and non-enzymatic free radical generating reactions occur in the cells. Vitamin E functions as an invivo anti-oxidant that protects tissue lipids from free radical attack. It is proposed that Vitamin E is an effective scavenger of membrane radicals. Some have proposed free radical induced cellular damage and accumulation of lipofuscin as the possible mechanism of the aging process. Hence it is suggested that administration of Vitamin E may slow down the cellular changes. There is also substantial evidence

6 Goodman and Gilman, "Pharmacological Basis of Therapeutics."



alphatocopherol have in general been so disappointing that the conclusion seems justified that at present there is no persuasive evidence that Vitamin E has any therapeutic use." These apparent contradictions leave the user confused and helpless.

With regard to "intermittent claudication" Martindale notes that Vitamin E was not proven to be of value, and this is yet another instance of conflicting claims.

E. Merck has also recommended 400 mg for nocturnal muscle cramps and intermittent claudication, 600 mg for fibrocystic breast diseases and arteriosclerosis.



#### INDICATIONS

- \* Mental anorexias of childhood
- \* Post-infective anorexias
- \* Deficiency anorexias
- \* Anorexia of nursing infants
- \* Retarded growth and development
- \* Anorexia of adults
- \* Anorexia nervosa

#### COMPOSITION

Each 5 ml contains:  
 Cyproheptadine Hydrochloride I.P. 2 mg  
 Peptone 25 mg  
 Lysine Hydrochloride U.S.P. 150 mg  
 In a palatable syrupy base.

#### DOSAGE:

Children: 2 to 6 years—1 teaspoonful 3 times a day.  
 Children: 7 to 14 years—1 to 2 teaspoonful 3 times a day.  
 Adults: 2 teaspoonful 3 times a day.

WARNING: Some persons may feel drowsy with the first dose of ORAXIN. If this happens, they should not drive a vehicle or operate machinery or appliances requiring alertness.

PRESENTATION—Bottle of 100 ml.



Marketed by:  
 CENTAUR LABORATORIES PVT LTD  
 Santacruz (East), Bombay 400 029.

## Advertising Gimmicks

Advertisements create needs by suggesting new and sometimes absurd or unnecessary uses for products. Sometimes a side effect of a drug is projected as an indication for its use. For example, Oraxin syrup is promoted as essential for weight, height and good appetite. One of the side effects of the main ingredient, Cyproheptadine, is weight gain. Many drug companies are promoting it for weight gain, emphasising the side effect into the main indication. The product is promoted for indiscriminate use even in children and infants. Other side effects, toxicity, precautions, contra-indications, etc., are totally absent in the folder. No standard medical literature recommends the use of the drug for weight gain.

The Promotional literature quotes Lancet (1978 / 1,367) to say the following: "Cyproheptadine is the first chemically proven appetite stimulant. It has been used successfully to increase the appetite of underweight patients with pulmonary tuberculosis and may be of some limited value in the management of anorexia nervosa." What follows this was more important and yet was excluded from the promotional literature. "Disturbingly in India Cyproheptadine is promoted as a general appetite stimulant or tonic."



-- Periactin is yet another example of an appetite stimulant that is aggressively promoted "For the growing child who lacks appetite, for the growing child who is underweight....."

Most independent authorities advise against the use of appetite stimulants. The consultants of the independent U.S. publication "Medical letter" believe that the promotion of the drug will do more harm than good.<sup>7</sup>

#### PERIACTIN SYRUP

*Cyproheptadine  
hydrochloride 2mg/5ml*

Periactin has not been promoted as an appetite stimulant in the USA since 1971 because the U.S Food and Drug administration considers that there is inadequate information to support this claim". In 1985 Social Audit - a U.K public interest group started an international campaign against the promotion of Periactin as an appetite stimulant with the publication of two anti-advertisement leaflets. Thanks to the Social Audit-VHAI campaign Merck, Sharp & Dome (MSD) has ceased to promote Periactin. This is a welcome step but the company still maintains that appetite stimulation is a "Well established and medically valid" indication for use. According to a recent WHO publication, "There is no scientific evidence that drugs and mixtures that are proposed as appetite stimulants have any effect on appetite. Therefore these preparations should not be used".<sup>8</sup> According to the report the dosage of cyproheptadine recommended for appetite stimulation in children causes a significant suppression of the release of the growth hormone which may lead to inhibition or stunting of growth in the children. The long term effect of the drug on the child's mental development is still uncertain.<sup>9</sup>

Advertisements can create needs by getting at people's vulnerable spots - for example, "Your child is intelligent but is he alert?" ask the advertisement for Roche Vitamin Forte. Advertisements can also create the need through unnecessary product differentiation and related tactics.

In selecting the advertising messages, foreign firms pay particular attention to brand names, brand image and product quality and features.

Firms have taken advantage of the fact that consumers, show a preference for products with foreign or international brand names.

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7. The Medical Letter on Drugs and Therapeutics, Vol.3, March 5, 1971.

8. Drugs for Children, WHO 1987, p. 48.

9. Cyproheptadine: Risks and Unethical Marketing in Malaysia, Consumers' Association of Penang Report, 1986. p. 16.

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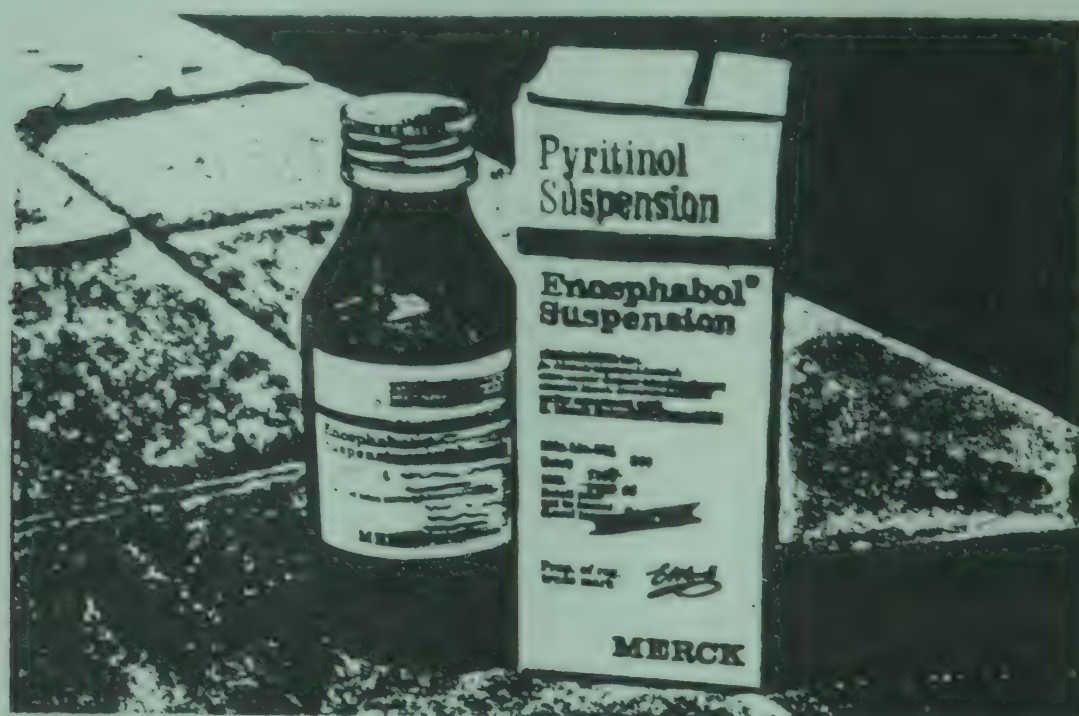
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Koramangala



Apart from advertisements, sales promotion is done through contests and competitions. This is well illustrated by the Indian drugs and Pharmaceuticals Limited contest. It was a clear case of targetting the medical profession, calling out, "Doctors, get your free Maruti Deluxe!"



## MORE OF THE SAME

- Lysovit Syrup, a product of Pfizer is an example of irrational combination. Aggressively promoted and widely sold, the manufacturers claim that Lysovit "promotes growth, stimulates

### LYSOVIT SYRUP

Vitamin B1 - 25 mg  
 Vitamin B2 - 10 mg  
 Vitamin B6 - 6 mg  
 Vitamin B12 - 50 mcg  
 Pantothenic Acid - 15 mg  
 (as Calcium Salt)  
 Inositol - 30 mg  
 Niacinamide - 108 mg  
 Lysine monohydro  
 chloride 200 mg

appetite, increases gain in weight, maintains optimum health .... and is the delightfully delicious growth promoting vitamin-lysine tonic for growing children.

Inositol and pantothenic acid are included in Lysovit but "there is <sup>no</sup> evidence of their value.<sup>10</sup>" The inclusion of inositol in multivitamin preparations have no proved value and is unwar-

10. British National Formulary No. 15, 1988, p. 313.



ranted"<sup>11</sup> "Pantothenic acid has no accepted therapeutic used in human medicine." Vitamin B12 is not effective by oral route. Vitamin B12 deficiency is treated by injection as it is more reliable.<sup>12</sup>

### Encephabol

*Pyritinol  
Hydrochloride 80.5 mg/5ml*

Encephabol Syrup, a product of E. Merck is aggressively promoted and is very expensive. It is promoted as a cerebral activator, intended to improve mental and psychic retardation of growth in children. One 1988 promotional material claims that encephabol is "the clinically proven drug that improves performance in children with difficulties at school and that encephabol is child patient's normal development".

*"This is not true. The Normal brain cells take the glucose and there is no such mechanism by which the uptake of glucose could be increased. Once the nerve cell is damaged, there can be no regeneration. In cases of mental retardation, parents get misguided in the hope of getting the benefit by the drug and correct management and schooling is delayed."<sup>13</sup>*

*"This Vitamin B6 derivative was used (from 1961 onwards) and then largely abandoned as a psychostimulant of doubtful efficacy."<sup>14</sup> This drug was refused registration in the Netherlands because of lack of proven efficacy." "?"*

### INCREMIN

L-Lysine Hydrochloride 300 mg  
Vitamin B12 - 25 mcg  
Vitamin B6 - 5 mg  
Ferric Pyrophosphate - 250 mg  
(Elemental Iron - 30 mg)  
Sorbitol - 3.5 mg  
Alcohol - 0.75%

According to the industry's own code of marketing, "Statements in promotional communications should be based upon substantial scientific evidence or other responsible medical opinion." However, available evidence suggests that the promotional claims are not capable of substantiation and are misleading.

- Incremin syrup from Lederle/Cynamid is an irrational combination product aggressively promoted by brand name. Incremin is promoted as a height gainer and as a Vitamin tonic. It is irrational to combine iron and vitamins. Vitamins should not be added to iron preparations except in case of iron with folic acid: they add to cost rather than therapeutic benefit.

11. American Medical Association Drug Evaluations, 6th edn, 1986, p. 850

12. Martindale - The Extra Pharmacopoeia 28th edn, 1982. p. 1645- 50.

13. International Consultation on Rational selection of drugs, VHAI 1986, p. 164

14. Meyler's Side Effects of Drugs, 10th edn. 1984, p. 172.



"There can be neither theoretical nor clinical justification for the inclusion of other therapeutically active ingredients in conjunction with iron salts."<sup>15</sup>

As for Vitamin B12 in the product, it is well known that it is not effective by oral route. Vitamin B12 deficiency is treated by injection, as it is more reliable.<sup>16</sup>

#### LEDERPLEX SYRUP

Syrup per 4 ml  
Vitamin B1 - 2mg  
Vitamin B2 - 2 mg  
Vitamin B6 - 0.2 mg  
Niacinamide - 10 mg  
Pantothenic Acid - 2 mg  
Inositol - 10 mg  
Choline - 20 mg

- Lederplex Syrup/capsules, a product of Lederle/Cynamid is an irrational combination aggressively promoted and widely sold. A 1988 promotional material claims that inositol and choline "in Lederplex helps in restoring normal liver function." Inositol, choline and pantothenic acid are included in Lederplex but "there is no evidence of their value."<sup>17</sup>

"The inclusion of inositol and choline in multivitamin preparations have no proved value and is unwarranted."<sup>18</sup>

"Pantothenic acid has no accepted therapeutic uses in the human medicine."<sup>19</sup> As already point out, Vitamin B12 is not effective by oral route. Vitamin B12 deficiency is treated by injection as it is more reliable.<sup>20</sup>

- Vi-Daylin Drops/Syrup, a product of Abbott is an irrational combination, aggressively promoted and widely sold. A 1987 promotional material states "Take cover under the Vi-Daylin protection. Vi-Daylin provides the right combination of essential vitamins to build up strong and healthy children!"

#### VI-DAYLIN DROPS: per 0.6 ml

Vitamin A 5000 i.u.  
Vitamin B1 1.5 mg  
Vitamin B2 1.2 mg  
Vitamin B6 0.5 mg  
Vitamin B12 3 mcg  
Nicotinamide 10 mg  
Vitamin C 50 mg  
Vitamin D 400 i.u.

15. British National Formulary No. 15, 1988, p. 288.

16. Martindale - The Extra Pharmacopoeia, 28th edn. 1982, p. 1645.

17. British National Formulary, No. 15, 1988, p. 314.

18. American Medical Association Drug Evaluations, 6th edn. 1986, p. 859.

19. Martindale - The Extra Pharmacopoeia, 28th edn. 1982, p. 1650.

20. Martindale - The Extra Pharmacopoeia, 28th edn. 1982, p. 1645.



Vi-Daylin range is advertised with claims like "On the right track to healthy growth. During infancy Vi-Daylin Drops....delicious citrus flavour. Gives infants a healthy start in life. Vi-Daylin Syrup....ideal supplement for growing children....lemon candy flavour makes growing great. Special formula for special needs. Vi-Daylin-M helps children grow big and strong."

"The use of vitamins as general 'pick-me-ups' is of unproven value and, in the case of preparations containing A or D, may actually be harmful since patients will take more than the prescribed dose".<sup>21</sup> The only genuine indication for Vitamin C is the prevention and treatment of scurvy. "Vitamin C is used to treat a number of syndromes not associated with deficiency. However, efficacy in most of the purported uses is unfounded, unproven or unsubstantiated".<sup>22</sup>

- Tetracycline with Vitamin C is a good example of an irrational combination of an antibiotic with Vitamin C. Tetracycline being an essential drug was found expensive because of the combination with Vitamin C. Hence there was a ban of this combination. To circumvent this, the drug industry Pfizer came up with the idea of combining oxytetra-cycline with Vitamin C and B complex. This is one way by which the industry beat the system.

Goodman and Gilman<sup>23</sup> have very explicitly used the tonic usage which is far beyond the required amounts. "The practising physician is exposed to pressure from different types of extremists in the area of vitaminology. One group, with representatives in medical practice in a few pharmaceutical houses recommend large intakes of vitamins both for prophylactic purposes and for the treatment of an enormous variety of illness for which evidence of therapeutic efficacy of the vitamins is lacking.

A study of the health practices and opinions reinforced the concern of FDA in America that vast numbers of people hold some erroneous concepts regarding the benefits of taking supplemental vitamins and minerals.

The primary reasons for taking Vitamin supplements was the erroneous belief that such supplements provide extra energy and made one "feel better" and two thirds of those holding this belief did

21. British National Formulary No. 15, 1988, p. 313.

22. American Medical Association Drug Evaluations, 6th edn. 1986, p. 850.

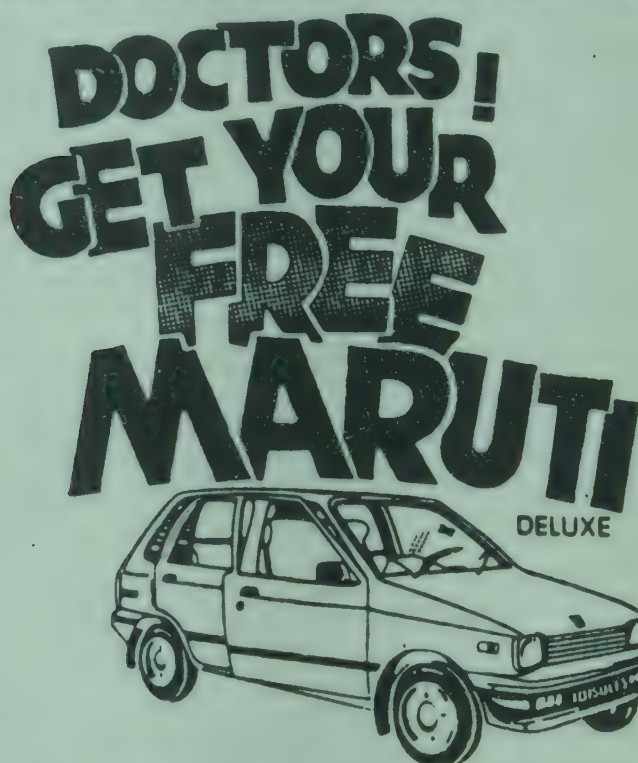
23. Goodman and Gilman, Op.cit.



indeed claim to feel better. This is supported by the observations of over-the-counter purchase of vitamins without any concrete evidence of deficiency symptoms.

It has been documented by authoritative sources that the use of dietary supplements of vitamins is medically advisable in a variety of circumstances where vitamin deficiencies are likely to occur. Such situations are likely to occur from inadequate intake, malabsorption, increased tissue needs or inborn errors of metabolism.

### **Idisules Awareness Contest**



### **What Has the Drug Industry Achieved?**

The ritual of downing Vitamin pills and tonics is fast growing. The promised results of revitality, rejuvenation, resistance to illness and youthfulness appear very attractive to the consumer. A person is asked to take a tonic when he experiences a tired feeling or fatigue. It is normal to feel tired after a hard day's work. The relief is not in any tonic but simply rest. Since the principal ingredient of most tonics is alcohol, it is this alcohol which gives a feeling of elation and suppresses the feeling of fatigue. What is forgotten is that it can be habit forming and addictive.

It is true that Vitamin A and D are essential to growing children and the requirement adequately met if the child is given the right diet consisting of milk, green and yellow vegetables and egg. For those who suffer from Vitamin A deficiency, the therapy outlined should be taken far more seriously.



In adults an overdose of Vitamin D can do more harm than good. Since it is essential for the utilization of calcium, excess of Vitamin D can lead to retention of more calcium which in turn leads to the formation of kidney stones. There are several such side effects. The above findings from the promotional literature form part of the study undertaken by the authors on behalf of the forum. It was possible to take only a representative sample from the above and analyse in-depth and they are illustrated. The outcome is indicative of what is offered to the consumer by the entire range of products.

Further analysis of the current index of medical specialities reveals that the unessential formulations fall under the following different categories:



Kind of formulation	No. of formulations
Iron preparations	75
Appetite stimulants	62
Minerals & Nutritive additives	84
Vitamins & Tonics	157
Electrolytes	15
Enzymes	30
Liver Tonics	9

There are about 236 companies that have been listed in the production of the above formulations.



The preliminary analysis also shows that the indications for which they are recommended vary so widely

Indications	
Iron preparations	38
Appetite stimulants	37
Minerals & Nutritional additives	64
Vitamins	81
Enzymes & Liver Tonics	23
Liver Tonics	9





## AYURVEDIC HARD SELL



Attention mothers!

EXAM TIME

.... IS SHANKHAPUSHPI TIME

Give your children Baidyanath Shankhapushpi syrup .... daily. To concentrate more on their studies ... to understand various topics easily ... to get a higher rank, finally.

**Baidyanath**  
**Shankhapushpi**  
**Syrup**

... It ensures brighter performance.

Another facet of the pharmaceutical industry is the exploitation of the indigenous medicine in the garb of herbal/natural/safe. This has acquired a new image with multinational giants jumping into the fray. As a result it now claims 15% of the overall market and the number of licensed companies has doubled from 2000 to 5000 in just five years. The portends of an uncontrolled market is frightening, considering that there are no reliable standards laid down nor effective machinery to check quality and price control.

*Rs. 450 crore industry is growing at a rate of 30% annually, claiming 15% of the overall pharmaceutical market.*

*India Today, March 15, 1989.*

The principle of self reliance underlying traditional health practices emerged as an alternative to the present day exploitative system. Instead of bringing people closer to time-tested practices and cures, the pharmaceutical companies responded and succeeded in commercialising these systems. A study of the range of ayurvedic products sold revealed that the emphasis was on tonics and cosmetics. The claims of an ayurvedic tonic, whose therapeutic value is impossible to evaluate, hold promises that are high and mighty. The latest fad in this direction is the non-scientific hybridization of the allopathic and ayurvedic principles of therapy.



This is analysed by Kamala Jaya Rao.<sup>24</sup> Few of the examples given by her are -

Liv 52- Achillea  
Millefolium,  
Capparis sponosa,  
Cassia Occidentalis, Cichorium Intybus,  
Terminalia Arjuna, Tamarix gallica, Solanum  
niger, mandur bhasma

Bonnisan- Achillea Millefolium, Capp sponosa, Cass  
Occidentalis, Cich Intybus, Phyllanthus Embica,  
Tamarix gallica, Term. Chebula, Tinospora  
Cardifolia, Tribulus Ferristus, long pepper,  
Cardamom.

*Procter and Gamble claim that ayurvedic products give them a better search to the market. 7% of their products are ayurvedic. India Today, March 15, 1989.*

The new look advertising, as described by the manufacturers of Woodward's gripe water, speaks volumes on the marketing of an 'over the counter' product. What can one infer? Yes, a classic example of a simple home remedy turned into a money spinner with more and more babies getting addicted to it.

*Zandu is spending 10% of its Rs. 10 crore turnover on publicity. India Today, March 15, 1989.*

The story of Woodward's gripe water takes root in the last century, 138 years ago. The TTK pharma news letter carries a full page write-up elaborating on the safe, old "English" cure. The new advertising strikes a warm note of empathy: "Hindustan Thompson, Bangalore, have come up with new look advertising for WGW to make sure the new generation discovers WGW is every bit effective as their grandmother insisted it was.

*Warner Hindustan has started selling its cough drops as ayurvedic. Duphor Interfran has ensured the market with a tension relieving medicine called Ginsec. India Today, March 15, 1989.*

"The new TV spot for Woodward's gripe water narrates the generation story with a difference. The brief but significant inclusion of the lady doctor's testimony adds further credibility to

24 Kamala Jaya Rao - 'Allo-Ayurvedopaathty - A Non-scientific Hybridisation', Medico Friends Circle Bulletin (Jan-Feb, 1982)



*Companies are also exploring the untapped market.*

*Zandu exports over 1.5 crores worth of ayurvedic medicines to U.K. and S.E. Africa.*

*Dabur is negotiating with companies to set up ayurvedic manufacturing units abroad.*  
*India Today, March 15, 1989*

the brand's claims providing just that extra push of professional recommendation that an 'over the counter' brand requires.

"Further help to recognise woodward's specifically is provided by the emphasis on the 'snake and child' symbol through a zoom-out and tight

close-up of the pack. The mere name Woodward's is repeated six times in the space of 30 seconds to create recall.

"All this notwithstanding the real strength of the commercial lies in the warm note of empathy it strikes in the viewer. In a brief 30 seconds, the film captures a little scene in everyone's home, from the quaintness of the elders to the charm of the smiling baby that has been soothed with Woodward's Gripe Water."

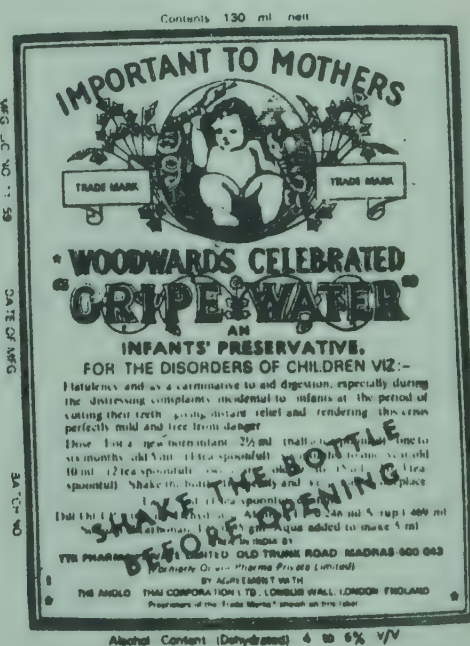


**FIRST FOR PROTECTION:**

**Liv.52<sup>®</sup>**  
 (drops/syrup/tablets)

Liv.52 protects the liver against the hepatotoxicity of:

- Paracetamol
- Oral Contraceptives
- Anti-tubercular Drugs
- Anti-cancer Therapy
- Antibiotics
- Alcohol



02061

DR L100

**COMMUNITY HEALTH CELL**  
 326, V Main, 1 Block  
 Koramangala  
 Bangalore-560034  
 India



## PAYING SO MUCH FOR SO LITTLE

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Marketing of food products is taking big strides with the burgeoning millions of the middle class. Catchy slogans are coined to get the attention of the consumer to create new tastes.

For example-

"Heart beat of the family

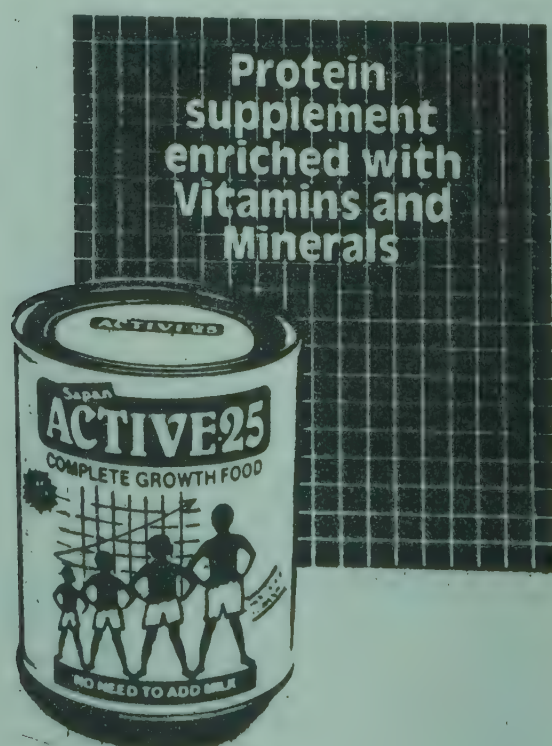
"Horlicks" the great nourisher.

"Active-25 complete growth food.

The scientific formula for physical  
and mental growth.

The health image of a beverage was reinforced by associating it with the doctor. The role of the doctor in the marketing of Horlicks is well known. While it helped in establishing the image, as a health food, the focus has changed to market it as a family beverage.

Horlicks or any other malted beverages have nothing unique about them inspite of what some of their claims would suggest. To see many of the claims in perspective it might help to substitute the word 'food' for the brand name, says Charles Medwar.







Thus, give your family food every day and watch them grow in health and strength through all the years ahead. (Horlicks)

Give your children food every day, twice a day. It helps provide them with the precious nourishment they need for their growing bodies. (Bournvita)

Food taken regularly gives your family the nourishment that builds up their resistance and keeps them full of health. (Horlicks)

The question that arises is "To whom is it of value"? From the perspective of its cost and affordability it leads to a catch 22 situation. If the wealthiest can afford to buy it, it is they who least require. The irony of the situation is that the undernourished who probably would benefit from it can least afford it. This gives rise to two questions. How do these foods and beverages compare with any simple home made pre mix in terms of its cost and nutritive value ? The answer is - in a home made pre mix the consumer is paying largely for the raw material and paying perhaps up to 10% of the cost of the market processed food. Where does the cost of the marketed processed food go ? For example a beverage like Horlicks consists of concentrated malted wheat flour. To this concentrate, skim milk powder is added sometimes.

To increase the fat content hydrogenated oils like vanaspathi are also added. The malting process is essentially to break starch to dextrin by enzymatic reactions. Taste is enhanced with sugar and other flavourings. The common man is lured to buy the products at unaffordable prices. Investigation into the break up of cost is revealing.

*"Heart beat of the family"*  
Horlicks  
The Great Nourisher



NOW  
ENRICHED WITH  
**EXTRA CALCIUM**



## **COST BREAKUP**

The raw materials like malted wheat flour, Milk solids, Fat sugar and Vitamin amounts to 40 to 45% of the total cost. If the processing is sophisticated, then the cost of the raw material comes down further. Where does the balance cost go?

For every rupee spent on the purchase of such malted foods. Only 40 ps goes towards rawmaterial, 12.5 ps towards financial costs, 15 ps towards packaging , 25 ps towards utilities like power, water and labour and another 5 ps as is distribution cost. This leaves 3 ps for miscellaneous costs. The cost of advertising is over and above these costs. To this is added an attractive profit.

## **SALES PROMOTION**

Yet another method of promoting through hard selling is the free distribution of samples and giveaways through door to door sales. Horlicks, for example has been distributed and sold in schools.

As a form of sales promotion, packaging is an important part of marketing, ensuring the integrity of the product by giving it a brand name, distinctiveness and consumer appeal. Very often the styles of packaging have put the product beyond the reach of the average consumer. One British executive managing a Bombay based branch of a food product company, reported , "For our range of food products, the expense of packaging alone adds on an average between three to five rupees a kilogram."



# ISSUES THREATENING A RATIONAL DRUG POLICY

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While unessential drugs proliferate the market, there are other issues that deserve equal attention, in the formulation of a rational drug policy. To list some of them -

- (1) Drugs banned by Government of India, but still available in our country

One major reason why banned drugs are available in our country is because of the legal loop holes. The drug industry manages to get a stay order from the court on the ban. Thus the banned drug floods the market. One such example is Trinergic. Another drug, Amido pyrine - a pain killer similar to Analgin in its toxicity, was banned by the government of India but was available in the market for quite some time after the ban order of 23<sup>rd</sup> July 1983.





- (2) Drugs banned or restricted for use in other countries, but still available in our country.

There are several such drugs in our market, the most popular one is Analgin (Baralgin also contains Analgin).

- (3) Irrational cough syrups :

Medically speaking, there are two types of drugs for treating cough : Expectorants act by bringing out the phlegm present in the lungs. Suppressants act by suppressing an irritating cough. Most of the formulations are combination of both these and is irrational. The only one benefitting from these are the drug companies.

- (4) Instant remedies for cold:

There are several instant remedies for cold which are sold in the market and advertised. All these claims are hoax, because it is well known that cold is caused by viruses and takes around a week for a person to recover from an attack of cold.

- (5) Hazardous antidiarrheals sold in the market:

World Health Organisation recommends that no antidiarrhoeal agent should be used in ordinary acute watery diarrhea because most of the preparations are either useless or even dangerous for children. It is a well known fact that the cause of death during an attack of diarrhea is dehydration and this has to be treated by ORS. But several drug companies continue to manufacture and promote antidiarrhoeal agents. Other hazardous drugs that exist are like Butazones, Clioquinols, Anabolic Steroids, miscellaneous ingredients in tonics that are unwarranted.

- (6) Promotional literatures of drug companies:

As outlined in this booklet , the drug information given out by drug companies is extremely unreliable. So there needs to be a study done looking at it from a scientific rational angle.



## IS IT TRUE?

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- (1) Are you not producing quacks by making available so much information ?

To be healthy is a persons right and so a person has a right over his/her body. He/She should be fully aware of what is being done to his/her body so to that extent he/she has a right to know about drugs that are commonly used.

And again it also helps the doctor, in explaining to him/her about the disease process and drugs if he/she has the same knowledge regarding the same.

- (2) Are you not putting conflicts in the mind of people ?

No! We are only trying to give scientific and necessary information to common man, so that medical science gets demystified.

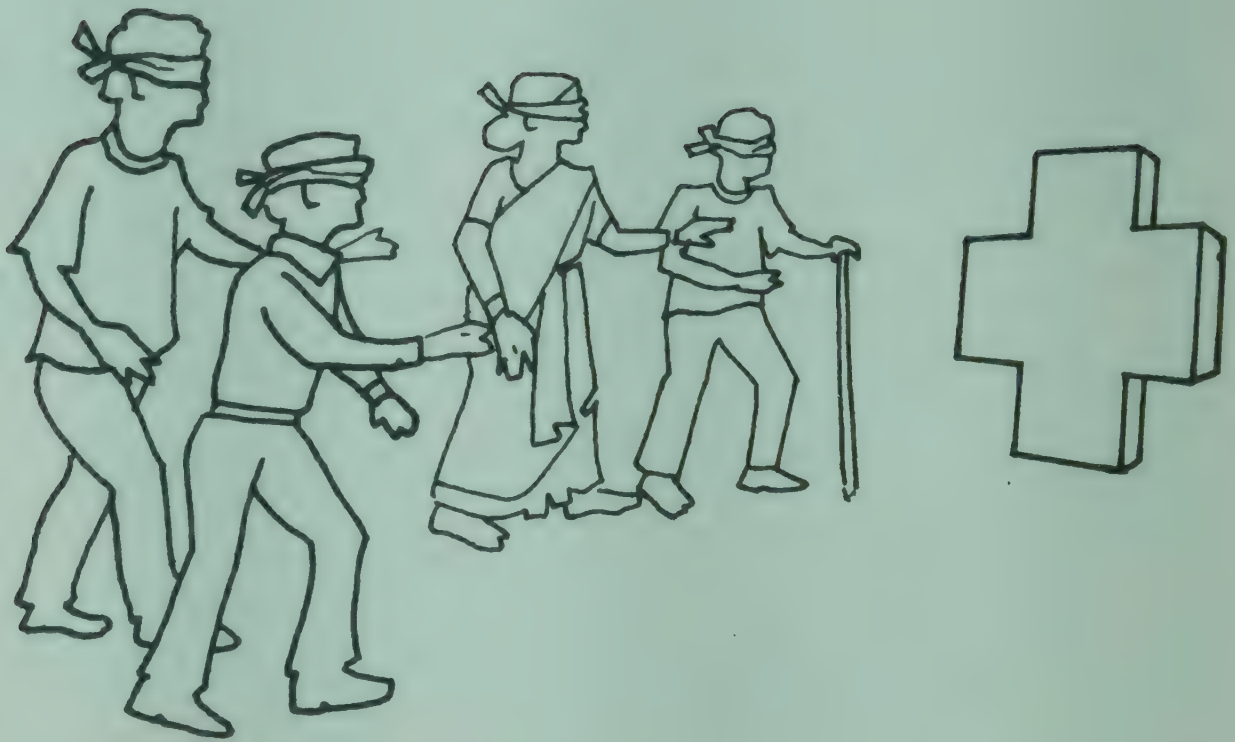
- (3) Is it not the doctors job to know all this and is this not taught in medical colleges ?

After passing medical examination, doctors are inundated with information given by drug companies with little time or inclination for reliable sources of scientific information. The promotional material of a drug company is aimed at popularising the drug while it does not give the complete and correct scientific information. Many a time doctors get information that is quoted out of context. Gifts from drug companies help them to reinforce the product and brand name in the prescription.

- (4) The doctor says, "patients are asking me to prescribe tonics etc for them. What shall I do ?"

And when a doctor succumbs a scientific thought is lost. Doctors need to spend more time with patients





educating them and also voluntary organisation and government should come forward to educate people on these issues.

- (5) The drug industry employs so many people. What will happen to these employees ?

The same drug industry which is involved in producing unessential and hazardous drugs, should start producing drugs essential for people.

- (6) Why doesn't the government ban tonics ?

As mentioned in this booklet, even drugs banned in our country are available in the market, so banning alone will not help, but should be coupled with consumer awareness.



- (7) In India there is so much malnutrition, so don't we need vitamin supplements ?  
For malnutrition what people need is food and not vitamins. Moreover such costly and unessential tonics preparations are out of reach of the poor and do not provide the required nourishment.
- (8) If allopathic tonics are useless then what about ayurvedic and other non-allopathic tonics ?

The word tonic has relevance in other systems. It is important to understand the wholistic approach of a system like ayurveda and commercialisation of any system does no good to people. According to ancient texts tonics like Chyawanprash when prepared with care produce near miraculous cures. But this cannot be said of commercially prepared Chyawanaprash available in the market.





# DAF - K DRUG ACTION FORUM - KARNATAKA

(A non-profit group committed to rational therapy  
and rational drug policy)

DAF - K stands for rational use  
of Drugs and Vaccines which

- » meets people's common health needs
- » have significant therapeutic value
- » are acceptably safe
- » offer satisfactory value for money

## DRUG SITUATION IN INDIA

Do you know?

- » WHO lists around 250 essential drugs
- » Hathi committee has recommended 116 essential drugs for India
- » Indian drug market has 70,000 formulations
- » most of these are unessential or dangerous and also banned in many countries world over
- » problems in our country relate to TB, malaria, leprosy, preventable blindness, malnutrition
- » But we do not have enough drugs for these!
- » Drug Policy of the country is framed by the Ministry of Petroleum & Chemicals!

## Objectives:

- » To build awareness regarding the usefulness, uselessness, benefit risk ratio of medicines of various systems of medical practice

» To review and conduct studies on drug preparations in the market

» To promote and encourage traditional health practices that are economical and beneficial to community

» To disseminate information on the findings of the study through various media and network at grass-roots

» To facilitate training programmes

» To interact with national and international bodies working in similar direction

» To publish materials on drugs issues

## Initiatives:

» Articles in media - newspapers and popular magazines

» Training programmes/workshops

Six workshops were conducted by DAF-K for various groups including medical college, voluntary agencies and women's groups.

» Research undertaking

A research study on unessential formulations like vitamins, tonics, appetite stimulants is in progress

» Study groups/reviews

one of the study groups initiated was on pain-killers available in the market

» Public Interest Litigation, etc  
a case has been filed on the sale of a Banned drug - EP Forte.







